

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

AS FILED	1ST AMENDMENT		2ND AMENDMENT	
	IND	DEP	IND	DEP
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TOTAL IND.

1

TOTAL DEP.

2

TOTAL CLAIMS

3

CLAIMS	1ST AMENDMENT		2ND AMENDMENT	
	IND	DEP	IND	DEP
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TOTAL IND.

1

TOTAL DEP.

2

TOTAL CLAIMS

3